** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning MAR 1, 2013 and ending FEB 28, 2014

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: MUSIC FOR ALL, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 39 WEST JACKSON PLACE — Room/suite: 150

City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46225

D Employer identification number: 36-3413042

E Telephone number: 317-636-2263

G Gross receipts $ 6,425,448.

F Name and address of principal officer: ERIC MARTIN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MUSICFORALL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985 **M** State of legal domicile: IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: MUSIC FOR ALL'S MISSION IS TO CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING(CONT'D ON SCH O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	1250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	30,149.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-6,648.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	225,840.	205,246.
	9	Program service revenue (Part VIII, line 2g)	4,902,665.	4,707,727.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140.	124.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,134,840.	1,312,646.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,263,485.	6,225,743.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	2,150.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,228,007.	1,334,926.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 212,097.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,795,807.	4,427,479.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,023,814.	5,764,555.
	19	Revenue less expenses. Subtract line 18 from line 12	239,671.	461,188.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,179,277.	2,810,016.
	21	Total liabilities (Part X, line 26)	2,184,549.	2,354,100.
	22	Net assets or fund balances. Subtract line 21 from line 20	-5,272.	455,916.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ ERIC MARTIN, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMANDA MEKO, CPA				P01062615

Firm's name ▶ GREENWALT CPAS, INC. — Firm's EIN ▶ 35-1489521

Firm's address ▶ 5342 WEST VERMONT STREET
INDIANAPOLIS, IN 46224 — Phone no. 317-241-2999

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF MUSIC FOR ALL IS TO CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING EXPERIENCES THROUGH MUSIC FOR ALL.

CONTINUED ON SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,120,008. including grants of $) (Revenue $ 3,870,308.)

BANDS OF AMERICA GRAND NATIONAL CHAMPIONSHIPS, INDIANAPOLIS, INDIANA, LUCAS OIL STADIUM. NATIONAL CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS, INDIANAPOLIS PUBLIC SCHOOLS MARCHING BAND TOURNAMENT, FUTURE MUSIC EDUCATOR WORKSHOP, SCHOOL ADMINISTRATOR WORKSHOP, JUDGING CLINICS, AND STUDENT LEADERSHIP WORKSHOP. PARTICIPANTS SERVED: 14,477 STUDENTS FROM 104 SCHOOLS

BANDS OF AMERICA SUPER REGIONAL AND REGIONAL CHAMPIONSHIPS HELD IN: INDIANAPOLIS IN, MUNCIE IN, ST. LOUIS MO, KETTERING OH, TOLEDO, OH, MONROEVILLE PA, TOWSON MD, ST. GEORGE UT, ATLANTA GA, POWDER SPRINGS, GA, SAN ANTONIO TX, DENTON TX, LONG BEACH CA, WINSTON-SALEM NC, WEST SALEM OR, AUSTIN TX AND CONROE TX. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 1,202,635. including grants of $) (Revenue $ 1,355,945.)

MUSIC FOR ALL NATIONAL FESTIVAL, INDIANAPOLIS, INDIANA. FESTIVAL FOR MIDDLE AND HIGH SCHOOL CONCERT BANDS, ORCHESTRAS AND PERCUSSION ENSEMBLES AND 3 NATIONAL HONOR ENSEMBLES (HONOR BAND OF AMERICA, HONOR ORCHESTRA OF AMERICA, JAZZ BAND OF AMERICA), INDIANAPOLIS, INDIANA. PARTICIPANTS SERVED: 1,991 STUDENTS AND 54 TEACHERS.

4c (Code:) (Expenses $ 810,818. including grants of $ 2,150.) (Revenue $ 834,808.)

MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR STUDENTS AND TEACHERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL DIRECTORS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, MIDDLE SCHOOL/YOUNG TEACHER TRAINING, MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR ACADEMY, COLOR GUARD, PERCUSSION, ORCHESTRA, AND LEADERSHIP TRAINING. PARTICIPANTS SERVED: 915 STUDENTS, 101 TEACHERS.

4d Other program services (Describe in Schedule O.)

(Expenses $ 31,441. including grants of $) (Revenue $ 14,580.)

4e Total program service expenses ▶ 5,164,902.

Part IV Checklist of Required Schedules

		Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	221		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? N/A		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Form **990** (2013)

332005
10-29-13

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN,IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

NANCY CARLSON - 317-636-2263

39 WEST JACKSON PLACE ST. #150, INDIANAPOLIS, IN 46225

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .... ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GAYL DOSTER CHAIRMAN	7.00	X						0.	0.	0.
(2) DOUG PILERI VICE CHAIRMAN	4.00	X						0.	0.	0.
(3) JAMES BICKEL DIRECTOR	1.00	X						0.	0.	0.
(4) KATHY BLACK DIRECTOR	1.00	X						0.	0.	0.
(5) PATRICK BURLEY DIRECTOR	2.50	X						0.	0.	0.
(6) KEN BREWER DIRECTOR	1.00	X						0.	0.	0.
(7) SAMUEL HODSON DIRECTOR	1.50	X						0.	0.	0.
(8) SANDRA KILPATRICK JORDAN DIRECTOR	1.00	X						0.	0.	0.
(9) V SAMUEL LAURIN DIRECTOR	1.00	X						0.	0.	0.
(10) ANMOL MEHRA DIRECTOR	1.00	X						0.	0.	0.
(11) MARLENE MILLER DIRECTOR	1.00	X						0.	0.	0.
(12) GARRETT SCHARTON DIRECTOR	1.00	X						0.	0.	0.
(13) JAY SCHREIBER DIRECTOR	2.50	X						0.	0.	0.
(14) CHUCK SPRINGER DIRECTOR	1.50	X						0.	0.	0.
(15) GARTH GILLMAN DIRECTOR	1.00	X						0.	0.	0.
(16) ERIC L. MARTIN PRESIDENT/CEO	50.00			X				157,494.	0.	23,740.
(17) NANCY H. CARLSON VICE PRESIDENT/CFO	50.00			X				93,366.	0.	37,257.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total ▶								250,860.	0.	60,997.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								250,860.	0.	60,997.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Form **990** (2013)

332008 10-29-13

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	205,246.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			205,246.			
Program Service Revenue			Business Code					
	2 a	TICKET FEES	711190		2,214,506.	2,214,506.		
	b	HOUSING AND MEAL FEES	711190		1,064,314.			1,064,314.
	c	EVENT FEES	711190		753,576.	753,576.		
	d	BAND FEES	711190		472,725.	472,725.		
	e	HOTEL COMMISSIONS	711190		202,606.			202,606.
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			4,707,727.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			124.			124.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a	704,420.				
	b	Less: cost of goods sold	b	199,705.				
	c	Net income or (loss) from sales of inventory ▶			504,715.	504,715.		
		Miscellaneous Revenue	Business Code					
	11 a	SPONSORSHIP REVENUE	541800		769,250.		30,149.	739,101.
	b	MISCELLANEOUS REVENUE	900099		38,681.	38,681.		
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			807,931.			
	12	**Total revenue.** See instructions. ▶			6,225,743.	3,984,203.	30,149.	2,006,145.

332009 10-29-13

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,150.	2,150.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	301,289.	213,076.	53,268.	34,945.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	843,790.	587,904.	144,458.	111,428.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,496.	14,624.	3,656.	1,216.
9 Other employee benefits	92,793.	69,172.	17,293.	6,328.
10 Payroll taxes	77,558.	54,769.	13,692.	9,097.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,005.		20,005.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	154,774.	120,936.	22,825.	11,013.
13 Office expenses	146,320.	105,911.	23,738.	16,671.
14 Information technology	59,297.	37,902.	16,740.	4,655.
15 Royalties	98,773.	98,773.		
16 Occupancy	88,009.	50,348.	32,440.	5,221.
17 Travel	5,680.	4,441.		1,239.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,752.	3,002.	750.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,380.	22,033.	5,508.	839.
23 Insurance	65,488.	50,858.	12,715.	1,915.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT HOUSING AND	1,043,181.	1,043,181.		
b CONTRACTED SERVICES	802,049.	789,353.	6,758.	5,938.
c FACILITY RENTAL FOR EVE	696,599.	696,599.		
d CLINICIAN AND JUDGE FEE	643,370.	643,370.		
e All other expenses	571,802.	556,500.	13,710.	1,592.
25 **Total functional expenses.** Add lines 1 through 24e	5,764,555.	5,164,902.	387,556.	212,097.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1,281,435.	1	1,124,937.
	2	Savings and temporary cash investments			144,243.	2	844,368.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			454,140.	4	526,204.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			13,384.	8	17,984.
	9	Prepaid expenses and deferred charges			210,004.	9	217,768.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,442,291.			
	b	Less: accumulated depreciation	10b	1,394,245.	50,930.	10c	48,046.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			20,000.	14	20,000.
	15	Other assets. See Part IV, line 11			5,141.	15	10,709.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			2,179,277.	16	2,810,016.
Liabilities	17	Accounts payable and accrued expenses			207,300.	17	156,682.
	18	Grants payable				18	
	19	Deferred revenue			1,903,071.	19	2,124,967.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			74,178.	25	72,451.
	26	**Total liabilities.** Add lines 17 through 25			2,184,549.	26	2,354,100.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			-75,272.	27	405,916.
	28	Temporarily restricted net assets			70,000.	28	50,000.
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-5,272.	33	455,916.
	34	Total liabilities and net assets/fund balances			2,179,277.	34	2,810,016.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [ ]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,225,743.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,764,555.
3	Revenue less expenses. Subtract line 2 from line 1	3	461,188.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,272.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	455,916.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
MUSIC FOR ALL, INC.

Employer identification number
36-3413042

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,623.	98,509.	210,311.	225,840.	205,246.	851,529.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,487,846.	3,373,134.	3,517,157.	4,557,738.	4,183,908.	19,119,783.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,681,203.	1,625,327.	1,637,469.	1,661,864.	2,006,021.	8,611,884.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	5,280,672.	5,096,970.	5,364,937.	6,445,442.	6,395,175.	28,583,196.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6.)						28,583,196.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	5,280,672.	5,096,970.	5,364,937.	6,445,442.	6,395,175.	28,583,196.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,386.	1,170.	288.	140.	124.	5,108.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	34,387.	33,129.	26,479.	21,857.	30,149.	146,001.
c Add lines 10a and 10b	37,773.	34,299.	26,767.	21,997.	30,273.	151,109.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	5,318,445.	5,131,269.	5,391,704.	6,467,439.	6,425,448.	28,734,305.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.47	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.47	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	.53	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	.53	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at** *www.irs.gov/form990* .

OMB No. 1545-0047

2013

Name of the organization	**Employer identification number**
MUSIC FOR ALL, INC.	36-3413042

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of $5,000 or more during the year .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 12,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 39,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization MUSIC FOR ALL, INC.
Employer identification number 36-3413042

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	143,099.	141,788.			
b Contributions	1,280.	1,311.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	144,379.	143,099.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 100.00 %

c Temporarily restricted endowment ▶ ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		763,638.	759,439.	4,199.
d Equipment		678,653.	634,806.	43,847.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				48,046.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR LICENSE FEES	34,247.
(3) DEFERRED TRUST LIABILITY	38,204.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	72,451.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,643,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	90,523.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	127,446.		
e	Add lines **2a** through **2d**			2e	217,969.
3	Subtract line **2e** from line **1**			3	6,425,448.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-199,705.		
c	Add lines **4a** and **4b**			4c	-199,705.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,225,743.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	6,061,397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	90,523.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,614.		
e	Add lines **2a** through **2d**			2e	97,137.
3	Subtract line **2e** from line **1**			3	5,964,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-199,705.		
c	Add lines **4a** and **4b**			4c	-199,705.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,764,555.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: MUSIC FOR ALL IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U. S. INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE.

ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. MUSIC FOR ALL INDIVIDUALLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY ARE IN COMPLIANCE WITH ITS TAX-EXEMPT PURPOSE. FOR THOSE ACTIVITIES THAT THE ORGANIZATION DETERMINES TO BE UNRELATED BUSINESS INCOME, THE ORGANIZATION

Part XIII Supplemental Information *(continued)*

RECORDS THE RESULTING UNRELATED BUSINESS INCOME TAX LIABILITY, IF ANY.

ALL TAX PERIODS PRIOR TO 2010 ARE NO LONGER SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE REPORTED AS EIN 36-3991517 127,446.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE -199,705.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED AS EIN 36-3991517 6,614.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE -199,705.

FORM 990, SCHDULE D, PART XI AND PART XII

EXPLANATION: THE AUDITED FINANCIAL STATEMENTS OF MUSIC FOR ALL, INC. INCLUDE THE COMBINED ACTIVITY OF ITS AFFILIATE, MUSIC FOR ALL FOUNDATION (FOUNDATION), EIN 36-3991517, AN ORGANIZATION AFFILIATED THROUGH COMMON CONTROL, WHICH AWARDS GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION. ALL SIGNIFICANT TRANSACTIONS AND BALANCES BETWEEN THE ORGANIZATIONS HAVE BEEN ELIMINATED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: MUSIC FOR ALL, INC.

Employer identification number: 36-3413042

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC L. MARTIN	(i)	149,994.	7,500.	0.	6,507.	17,233.	181,234.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	**Transactions With Interested Persons** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	OMB No. 1545-0047 **2013** Open To Public Inspection

Name of the organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
MARLENE MILLER	BOARD MEMBER OF MUS	60,000.	FRED J. MIL		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARLENE MILLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF MUSIC FOR ALL, INC. & PRESIDENT/CEO OF FRED J. MILLER, INC.

(D) DESCRIPTION OF TRANSACTION: FRED J. MILLER, INC. IS AN OFFICIAL

SPONSOR OF MUSIC FOR ALL, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCES THROUGH MUSIC FOR ALL.

THE VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY CHILD ACROSS AMERICA HAS ACCESS AND OPPORTUNITY TO PARTICIPATE IN ACTIVE MUSIC MAKING IN HIS OR HER SCHOLASTIC ENVIRONMENT. WE USE OUR RESOURCES TO PROVIDE NATIONAL PROGRAMS THAT RECOGNIZE AND SUPPORT MUSIC STUDENTS' PERFORMANCE AND SUCCESS, OFFER MUSIC EDUCATOR TRAINING AND PROFESSIONAL DEVELOPMENT, AND DELIVER TOOLS AND RESOURCES TO PARTICIPANTS AND THEIR COMMUNITIES THAT WILL ASSIST THEM IN SUPPORTING MUSIC EDUCATION BY PROMOTING AWARENESS OF MUSIC'S IMPACT ON STUDENT GROWTH AND ACHIEVEMENT.

PART I, LINE 1 - MISSION STATEMENT CONTINUED

EXPLANATION: MUSIC FOR ALL'S PROGRAMS INCLUDE FALL MARCHING BAND REGIONAL CHAMPIONSHIPS AND THE GRAND NATIONAL CHAMPIONSHIPS, HELD ACROSS THE COUNTRY EACH FALL. THE MUSIC FOR ALL NATIONAL FESTIVAL IS HELD EACH SPRING IN INDIANAPOLIS AND FEATURES THE NATIONAL CONCERT BAND FESTIVAL, ORCHESTRA AMERICA NATIONAL FESTIVAL, SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL, HONOR BAND OF AMERICA, HONOR ORCHESTRA OF AMERICA, AND THE JAZZ BAND OF AMERICA. THE SUMMER SYMPOSIUM, A WEEKLONG MUSIC CAMP FOR STUDENTS AND TEACHERS IS HELD EACH JUNE AT BALL STATE UNIVERSITY IN MUNCIE, INDIANA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Name of the organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

THE VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY CHILD ACROSS AMERICA HAS ACCESS AND OPPORTUNITY TO PARTICIPATE IN ACTIVE MUSIC MAKING IN HIS OR HER SCHOLASTIC ENVIRONMENT. WE USE OUR RESOURCES TO PROVIDE NATIONAL PROGRAMS THAT RECOGNIZE AND SUPPORT MUSIC STUDENTS' PERFORMANCE AND SUCCESS, OFFER MUSIC EDUCATOR TRAINING AND PROFESSIONAL DEVELOPMENT, AND DELIVER TOOLS AND RESOURCES TO PARTICIPANTS AND THEIR COMMUNITIES THAT WILL ASSIST THEM IN SUPPORTING MUSIC EDUCATION BY PROMOTING AWARENESS OF MUSIC'S IMPACT ON STUDENT GROWTH AND ACHIEVEMENT.

PART III, LINE 1 - MISSION STATEMENT CONTINUED

EXPLANATION: MUSIC FOR ALL'S PROGRAMS INCLUDE FALL MARCHING BAND REGIONAL CHAMPIONSHIPS AND THE GRAND NATIONAL CHAMPIONSHIPS, HELD ACROSS THE COUNTRY EACH FALL. THE MUSIC FOR ALL NATIONAL FESTIVAL IS HELD EACH SPRING IN INDIANAPOLIS AND FEATURES THE NATIONAL CONCERT BAND FESTIVAL, ORCHESTRA AMERICA NATIONAL FESTIVAL, SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL, HONOR BAND OF AMERICA, HONOR ORCHESTRA OF AMERICA, AND THE JAZZ BAND OF AMERICA. THE SUMMER SYMPOSIUM, A WEEKLONG MUSIC CAMP FOR STUDENTS AND TEACHERS IS HELD EACH JUNE AT BALL STATE UNIVERSITY IN MUNCIE, INDIANA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPANTS SERVED: 78,052 STUDENTS FROM 486 SCHOOLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization: MUSIC FOR ALL, INC.

Employer identification number: 36-3413042

MUSIC FOR ALL NEWSLETTER - QUARTERLY PERIODICAL WITH NEWS AND INFORMATION ABOUT MUSIC FOR ALL PROGRAMS. CIRCULATION: 286,500 EXPENSES $ 31,441. INCLUDING GRANTS OF $ 0. REVENUE $ 14,580.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM, THEN REVIEWED BY THE CFO, CEO, AND FINANCE COMMITTEE. AFTER THIS FIRST REVIEW, THE DRAFT FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO DISCUSS THE RETURN. THE RETURN IS FILED ONLY AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH BOARD MEMBER SUBMITS A SIGNED CONFLICT OF INTEREST STATEMENT UPON ELECTION TO THE BOARD. UPDATED STATEMENTS ARE SIGNED AND SUBMITTED AT EACH SUBSEQUENT ANNUAL MEETING. THE ANNUAL MEETINGS NORMALLY OCCURS DURING THE MONTH OF FEBRUARY EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CEO. THE CEO IS RESPONSIBLE FOR DETERMINING SALARY OF OTHER KEY EMPLOYEES, BASED ON REVIEW OF COMPENSATION SALARY DATA FOR COMPARABLE POSITIONS. THIS PROCESS INCLUDES AT LEAST AN ANNUAL REVIEW AND APPROVAL BY INDEPENDENT BOARD MEMBERS, INCLUDING REVIEW OF COMPARABILITY DATA. THE RESULTS OF THIS DELIBERATION ARE SUBSTANTIATED IN WRITING AND ANY COMPENSATION UPDATES ARE APPROVED BY THE CHAIRMAN AND SUBMITTED TO THE CFO FOR INPUT INTO THE PAYROLL SYSTEM.

Name of the organization: MUSIC FOR ALL, INC.

Employer identification number: 36-3413042

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: MUSIC FOR ALL, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C

EXPLANATION: THE SELECTION OF AN INDEPENDENT ACCOUNTANT BEGINS BY EVALUATING RECOMMENDATIONS FROM THE INDIANAPOLIS BUSINESS COMMUNITY, FOLLOWED BY AN INTERVIEW PROCESS WITH MUSIC FOR ALL (MFA) MANAGEMENT. THE MFA BOARD OF DIRECTORS APPROVES THE SELECTION BY MANAGEMENT. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH STRICT OVERSIGHT OF FINANCIAL MATTERS OF MFA, INCLUDING THE AUDIT. IN ADDITION, THE ENTIRE BOARD REMAINS ENGAGED IN THE REVIEW OF MFA FINANCES, INCLUDING THE AUDIT.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: MUSIC FOR ALL, INC.

Employer identification number 36-3413042

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
MUSIC FOR ALL FOUNDATION - 36-3991517 39 W. JACKSON PLACE INDIANAPOLIS, IN 46202	DISTRIBUTE GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION	INDIANA	501(C)3	170B(1)(A)(V	N/A		X

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		**Yes**	**No**
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**		X
b Gift, grant, or capital contribution to related organization(s)	**1b**		X
c Gift, grant, or capital contribution from related organization(s)	**1c**	X	
d Loans or loan guarantees to or for related organization(s)	**1d**		X
e Loans or loan guarantees by related organization(s)	**1e**		X
f Dividends from related organization(s)	**1f**		X
g Sale of assets to related organization(s)	**1g**		X
h Purchase of assets from related organization(s)	**1h**		X
i Exchange of assets with related organization(s)	**1i**		X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		X
o Sharing of paid employees with related organization(s)	**1o**		X
p Reimbursement paid to related organization(s) for expenses	**1p**		X
q Reimbursement paid by related organization(s) for expenses	**1q**		X
r Other transfer of cash or property to related organization(s)	**1r**		X
s Other transfer of cash or property from related organization(s)	**1s**		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	MUSIC FOR ALL FOUNDATION, INC.	C	999.	GRANT FOR SUMMER SYMPOSIUM CAMP
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

FEBRUARY 28, 2014

Prepared for	MUSIC FOR ALL, INC. ATTN: NANCY CARLSON 39 WEST JACKSON PLACE NO. 150 INDIANAPOLIS, IN 46225
Prepared by	GREENWALT CPAS, INC. 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	JULY 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2013 or other tax year beginning MAR 1, 2013 , and ending FEB 28, 2014 .

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A ☐ Check box if address changed

B Exempt under section
[X] 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
MUSIC FOR ALL, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
39 WEST JACKSON PLACE, NO. 150

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46225

D Employer identification number (Employees' trust, see instructions.)
36-3413042

E Unrelated business activity codes (See instructions.)
541800

C Book value of all assets at end of year
2,810,016.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ ADVERTISING REVENUE FROM QUARTERLY NEWSLETTER AND PROGRAM BOOKS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes [X] No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ NANCY CARLSON Telephone number ▶ 317-636-2263

Part I Unrelated Trade or Business Income

		Line	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	30,149.	36,797.	-6,648.
12	Other income (See instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	30,149.	36,797.	-6,648.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

				Line	Amount
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules.)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-6,648.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-6,648.
33	Specific deduction (Generally $1,000, but see instructions for exceptions.)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-6,648.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2012 overpayment credited to 2013	44a			
b	2013 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2014 estimated tax** ▶		**Refunded** ▶	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (att. schedule)	4a					
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ PRESIDENT AND CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
AMANDA MEKO, CPA				P01062615
Firm's name ▶ GREENWALT CPAS, INC.			Firm's EIN ▶	35-1489521
Firm's address ▶ 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224			Phone no.	317-241-2999

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property: (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

	1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶				0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A). 0.			Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) QUARTERLY NEWSLETTER	15,600.	9,472.	6,128.			
(2) PROGRAM BOOKS	14,549.	27,325.	-12,776.			
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 30,149.	Enter here and on page 1, Part I, line 11, col. (B). 36,797.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2013)

323731
12-12-13

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
02/28/13	6,871.	0.	6,871.	6,871.
NOL CARRYOVER AVAILABLE THIS YEAR			6,871.	6,871.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

FEBRUARY 28, 2014

Prepared for	MUSIC FOR ALL, INC. ATTN: NANCY CARLSON 39 WEST JACKSON PLACE NO. 150 INDIANAPOLIS, IN 46225
Prepared by	GREENWALT CPAS, INC. 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224
Mail tax return to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	SEPTEMBER 2, 2014
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR $15 MADE PAYABLE TO ILLINOIS CHARITY BUREAU FUND. INCLUDE THE ORGANIZATION'S ILLINOIS CHARITABLE ORGANIZATION NUMBER AND "2013 FORM AG990-IL" ON THE REMITTANCE.

For Office Use Only

PMT # ____

AMT ____

INIT ____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Form AG990-IL
Revised 3/05

CO # 01-018512

Report for the Fiscal Period:

Beginning 03/01/2013

& Ending 02/28/2014
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

- [x] Copy of IRS Return
- [x] Audited Financial Statements
- [ ] Copy of Form IFC
- [x] $15.00 Annual Report Filing Fee
- [ ] $100.00 Late Report Filing Fee

Federal ID # 36-3413042

Are contributions to the organization tax deductible? [x] Yes [ ] No

Date Organization was created: 04/01/1985 (MO DAY YR)

LEGAL NAME: MUSIC FOR ALL, INC.
MAIL ADDRESS: 39 WEST JACKSON PLACE, NO. 150
CITY, STATE: INDIANAPOLIS, IN
ZIP CODE: 46225

Year-end amounts	
A) ASSETS	A) $ 2,810,016.
B) LIABILITIES	B) $ 2,354,100.
C) NET ASSETS	C) $ 455,916.

	PERCENTAGE	AMOUNT
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. **(GROSS AMTS.)**	87.424%	D) $ 5,617,393.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) $
F) OTHER REVENUES	12.576%	F) $ 808,055.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) $ 6,425,448.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	89.910%	H) $ 5,362,457.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	89.910%	J) $ 5,362,457.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): $		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0.036%	K) $ 2,150.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	89.946%	L) $ 5,364,607.
M) MANAGEMENT AND GENERAL EXPENSE	6.498%	M) $ 387,556.
N) FUNDRAISING EXPENSE	3.556%	N) $ 212,097.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) $ 5,964,260.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) $ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) $
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) $
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) $ 0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: ERIC L. MARTIN, PRESIDENT/CEO	T) $ 157,494.
U) NAME, TITLE: NANCY H. CARLSON, VICE PRESIDENT/CFO	U) $ 93,366.
V) NAME, TITLE:	V) $

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES

	List on back side of instructions CODE
W) DESCRIPTION: SUMMER MUSIC SYMPOSIUM	W) # 042
X) DESCRIPTION: GRAND NATIONALS MARCHING BAND CHAMPIONSHIPS	X) # 042
Y) DESCRIPTION: NATIONAL CONCERT BAND FESTIVAL	Y) # 042

398091 05-01-13

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

			YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $ ______ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $ ______ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $ ______ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING $ ______			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

M&I BANK

3926 RIVER CROSSING PARKWAY, SUITE 200

INDIANAPOLIS, IN 46240

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: NANCY CARLSON - 317-636-2263

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.

ERIC MARTIN
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

GAYL DOSTER
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

AMANDA MEKO, CPA
PREPARER (PRINT NAME) SIGNATURE DATE

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

FEBRUARY 28, 2014

Prepared for	MUSIC FOR ALL, INC. ATTN: NANCY CARLSON 39 WEST JACKSON PLACE NO. 150 INDIANAPOLIS, IN 46225
Prepared by	GREENWALT CPAS, INC. 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19009 SPRINGFIELD, IL 62794-9009
Return must be mailed on or before	JULY 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

Illinois Department of Revenue

2013 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2013, write your fiscal tax year here.
Tax year beginning MAR 1, (month day) 20 13 (year), ending FEB 28 (month day) 20 14 (year)

Write the amount you are paying. $ ____________

Step 1: Identify your exempt organization

A Write your complete legal business name.
If you have a name change, check this box. ☐

Name: MUSIC FOR ALL, INC.

B Write your mailing address.
If you have an address change or this is a first return, check this box. ☐
C/O: ____________

Mailing address: 39 WEST JACKSON PLACE, NO. 150

City: INDIANAPOLIS State: IN ZIP: 46225

C Check the applicable box if one of the following applies.
☐ First return ☐ Final return (If final, write the date. ____________ mm dd yyyy)

D Write your federal employer identification no. (FEIN).
36-3413042

E Check if you are taxed as a corporation. ☒

F Check if you are taxed as a trust. ☐

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits. ☐

I Write your North American Industry Classification System Code (NAICS), if applicable. See instructions.
541800

Step 2: Figure your base income or loss

1	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. **Attach** a copy of Page 1 of your U.S. Form 990-T.	1	-6,648 .00
2	Illinois income and replacement tax deducted in arriving at Line 1.	2	.00
3	**Base income or loss.** Add Lines 1 and 2.	3	-6,648 .00

STOP

A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and write the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) ☒

B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. ☐

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4	Trust, estate, or non-unitary partnership business income or loss included in Line 3.	4	.00
5	Business income or loss. Subtract Line 4 from Line 3.	5	.00
6	Total sales everywhere. This amount cannot be negative.	6	
7	Total sales inside Illinois. This amount cannot be negative.	7	
8	Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	.
9	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	.00
10	Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.	10	.00
11	**Base income or loss allocable to Illinois.** Add Lines 9 and 10.	11	.00

Step 4: Figure your net replacement tax

12	Net income or loss from Line 3 or Line 11.	12	-6,648 .00
13	Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015).	13	.00
14	Recapture of investment credits. **Attach** Schedule 4255.	14	.00
15	Replacement tax before investment credits. Add Lines 13 and 14.	15	.00
16	Investment credits. **Attach** Form IL-477.	16	.00
17	**Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, write "0."	17	0 .00

▼ Attach your payment and Form IL-990-T-V here. ▲

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	-6,648 .00
19	Income Tax. **Corporations:** multiply Line 18 by 7% (.07). **Trusts:** multiply Line 18 by 5% (.05).	19	.00
20	Recapture of investment credits. **Attach** Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	.00
22	Income tax credits. **Attach** Schedule 1299-D.	22	.00
23	**Net income tax.** Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	0 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.			24	.00
25	Net income tax from Line 23.			25	.00
26	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. **Fiscal filers only.** See instr.			26	.00
27	**Total net income and replacement taxes and surcharge.** Add Lines 24, 25, and 26.			27	.00
28	Payments				
	a Credit from 2012 overpayment.	28a	.00		
	b Total estimated payments.	28b	.00		
	c Form IL-505-B (extension) payment.	28c	.00		
	d Gambling withholding. **Attach** Form(s) W-2G.	28d	.00		
29	Total payments. Add Lines 28a through 28d.			29	.00
30	**Overpayment.** If Line 29 is greater than Line 27, subtract Line 27 from Line 29.			30	.00
31	Amount to be **credited to 2014.**			31	.00
32	**Refund.** Subtract Line 31 from Line 30. This is the amount to be refunded.			32	.00

33 **Complete to direct deposit your refund**

Routing Number ______________ ☐ Checking or ☐ Savings

Account Number ______________

34	**Tax Due.** If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34	.00

▶ **If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form.** ◀

Special Note ⟶ **Write the amount of your payment on the top of Page 1 in the space provided.**

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

		PRESIDENT AND CEO	317-636-2263	
Signature of authorized officer	Date	Title	Phone	Check this box if we may discuss this return with the preparer shown in this step. ☒
		35-1489521		
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
GREENWALT CPAS, INC.		INDIANAPOLIS, IN 46224	317-241-2999	
Preparer's firm name (or yours, if self-employed)		Address	Phone	

▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

FORM IL-990-T NATURE OF TRADE OR BUSINESS STATEMENT 1

ADVERTISING REVENUE FROM QUARTERLY NEWSLETTER AND PROGRAM BOOKS

TO FORM IL-990-T, PAGE 1

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM NP-20

FOR THE YEAR ENDING

FEBRUARY 28, 2014

Prepared for	MUSIC FOR ALL, INC. ATTN: NANCY CARLSON 39 WEST JACKSON PLACE NO. 150 INDIANAPOLIS, IN 46225
Prepared by	GREENWALT CPAS, INC. 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224
Mail tax return to	INDIANA DEPARTMENT OF REVENUE TAX ADMINISTRATION P.O. BOX 6481 INDIANAPOLIS, INDIANA 46207-6481
Return must be mailed on or before	JULY 15, 2014
Special Instructions	NO PAYMENT REQUIRED. THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

NP-20
State Form 51062
(R7 / 8-13)

Indiana Department of Revenue

Indiana Nonprofit Organization's Annual Report

Check if: ☐ Change of Address ☐ Amended Report ☐ Final Report: Indicate Date Closed ____________

For the Calendar Year or Fiscal Year
Beginning 03 01 2013 (MM/ DD/ YYYY) **and Ending** 02 28 2014 (MM/ DD/ YYYY)

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization			Telephone Number
MUSIC FOR ALL INC			317 636 2263
Address	**County**		**Indiana Taxpayer Identification Number**
39 WEST JACKSON PLACE NO 150	MARION		
City	**State**	**ZIP Code**	**Federal Identification Number**
INDIANAPOLIS,	IN	46225	36 3413042
Printed Name of Person to Contact			**Contact's Telephone Number**
ERIC MARTIN			317 636 2263

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than $1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 40 .
3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 2
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address: ______________________________

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee	Title: PRESIDENT AND CEO	Date
Name of Person(s) to Contact	Daytime Telephone Number	

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

NP-20 STATEMENT 1

MUSIC FOR ALL'S MISSION IS TO CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING EXPERIENCES THROUGH MUSIC FOR ALL. THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES INCLUDE THE PRESENTATION OF EDUCATIONAL ACTIVITIES FOR MUSIC STUDENTS AND TEACHERS. MAJOR PROGRAMS INCLUDE SUMMER MUSIC CAMPS, MUSIC EDUCATION FESTIVALS, MARCHING BAND CHAMPIONSHIPS, AND TEACHER TRAINING. ADDITIONAL PROGRAMS INCLUDE PARENT, BOOSTER, COMMUNITY ADVOCACY AND AWARENESS PROGRAMS, AND PRESENTATION OF OTHER EDUCATIONAL AND PERFORMING EXPERIENCES FOR STUDENTS, TEACHERS, PARENTS AND COMMUNITIES ACROSS THE NATION.

FORM NP-20 LIST OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE
GAYL DOSTER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	CHAIRMAN
DOUG PILERI 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	VICE CHAIRMAN
JAMES BICKEL 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
KATHY BLACK 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
PATRICK BURLEY 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
KEN BREWER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
SAMUEL HODSON 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
SANDRA KILPATRICK JORDAN 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
V SAMUEL LAURIN 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
ANMOL MEHRA 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
MARLENE MILLER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
GARRETT SCHARTON 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR

JAY SCHREIBER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
CHUCK SPRINGER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
GARTH GILLMAN 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
ERIC L. MARTIN 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	PRESIDENT/CEO
NANCY H. CARLSON 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	VICE PRESIDENT/CFO

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20NP

FOR THE YEAR ENDING

FEBRUARY 28, 2014

Prepared for	MUSIC FOR ALL, INC. ATTN: NANCY CARLSON 39 WEST JACKSON PLACE NO. 150 INDIANAPOLIS, IN 46225
Prepared by	GREENWALT CPAS, INC. 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INDIANA DEPARTMENT OF REVENUE P.O. BOX 7228 INDIANAPOLIS, IN 46207-7228
Return must be mailed on or before	JULY 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

Form IT-20NP
State Form 148
(R12 / 8-13)

Indiana Department of Revenue

Indiana Nonprofit Organization Unrelated Business Income Tax Return

2013

Calendar Year Ending December 31, 2013 or

Fiscal Year Beginning 03 01 **2013** and Ending 02 28 2014

Check box if amended. ☐ **Check box if name changed.** ☐

Name of Organization MUSIC FOR ALL INC		Federal Identification Number (FID) 36 3413042
Number and Street 39 WEST JACKSON PLACE NO 150	Indiana County or O.O.S. MARION	Principal Business Activity Code 541800
City State ZIP Code INDIANAPOLIS, IN 46225		Telephone Number 317 636 2263

K Check all boxes that apply: ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Schedule M

L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? ☐ Yes ☒ No

Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income — **Round all entries**

1.	Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts	1	-6648.00
2.	Specific deduction (generally $1,000; see instructions)	2	1000.00
3.	Interest on U.S. government obligations on the federal return less related expenses	3	.00
4.	Deduction for qualified patents income	4	.00
5.	Enter total from lines 2 through 4	5	1000.00
6.	Subtotal for unrelated business income (subtract line 5 from line 1)	6	-7648.00
7.	Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.)	7	.00
8.	Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.)	8	-7648.00
9.	Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (attach schedule)	9	%
10.	Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)	10	-7648.00
11.	Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions)	11	3387.00
12.	Taxable Indiana unrelated business income (subtract line 11 from line 10)	12	-11035.00
13.	Taxable income from other forms (Form 1120-POL)	13	.00
14.	Subtotal (add lines 12 and 13)	14	-11035.00
15.	Indiana tax on unrelated business income (multiply line 14 by tax rate). **See instructions for line 15**	15	0.00
16.	Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	16	.00
17.	Total tax due (add lines 15 and 16) Total Tax ▶	17	0.00

Credit for Estimated Tax and Other Payments

18.	Quarterly estimated tax paid: Qrt. 1 ____ Qrt. 2 ____ Qrt. 3 ____ Qrt. 4 ____ Enter total	18	.00
19.	Amount paid with extension	19	.00
20.	Amount of overpayment credit (from tax year ending ____)	20	.00
21.	EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	21	.00
22.	EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	22	.00
23.	Enter name of other credit ____ Code No. 23a ____	23b	.00
24.	Total credits (add lines 18-23) Total Credits ▶	24	.00
25.	Balance of tax due (line 17 minus 24; if line 24 is greater than line 17, proceed to lines 26, 27, and 30)	25	0.00
26.	Penalty for the underpayment of income tax. Attach Schedule IT-2220 ☐ Check box if using annualization method	26	.00
27.	Interest: If payment is made after the original due date, compute interest	27	.00
28.	Penalty: If paid late, enter 10% of line 25; see instructions. If line 17 is zero, enter $10 per day filed past due date	28	.00
29.	Total payment due (add lines 25-28). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶	29	.00
30.	Total overpayment (line 24 minus lines 26-28)	30	.00
31.	Amount of line 30 to be refunded	31	.00
32.	Amount of line 30 to be applied to the following year's estimated tax account	32	.00

You must go to the certification and authorization section on page 2 to complete this return.

Indiana Department of Revenue

Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment
State Form 49189
(R11 / 8-12)

Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

Certification of Signatures and Authorization Section
Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 11) X Yes ☐ No

Paid Preparer's E-mail Address EE

JOHN W. KELLER, CPA
Personal Representative's Name (Print or Type)

317 241 2999
Telephone

▶
Signature of Corporate Officer — Date
ERIC MARTIN — PRESIDENT
Print or Type Name of Corporate Officer — Title

▶
Signature of Paid Preparer — Date
AMANDA MEKO, CPA
Print or Type Name of Paid Preparer

GREENWALT CPAS, INC.
Paid Preparer: Firm's Name (or yours if self-employed)

PTIN
35 1489521

317 241 2999
Telephone Number

5342 WEST VERMONT STREET
Address

INDIANAPOLIS
City

IN — 46224
State — ZIP Code +4

Sales/Use Tax Worksheet

List all purchases made during 2013 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	**Column B** Date of Purchase(s)	**Column C** Purchase Price
Magazine subscriptions:		.00
Mail order purchases:		.00
Internet purchases:		.00
Other purchases:		.00

1. Total purchase price of property subject to the sales/use tax	1C	.00
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	.00
3. Sales tax previously paid on the above items (up to 7% per item)	3C	.00
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 16. If the amount is negative, enter zero and put no entry on line 16 of the IT-20NP	4C	.00

Please mail your forms to:
Indiana Department of Revenue
PO Box 7228
Indianapolis, IN 46207-7228